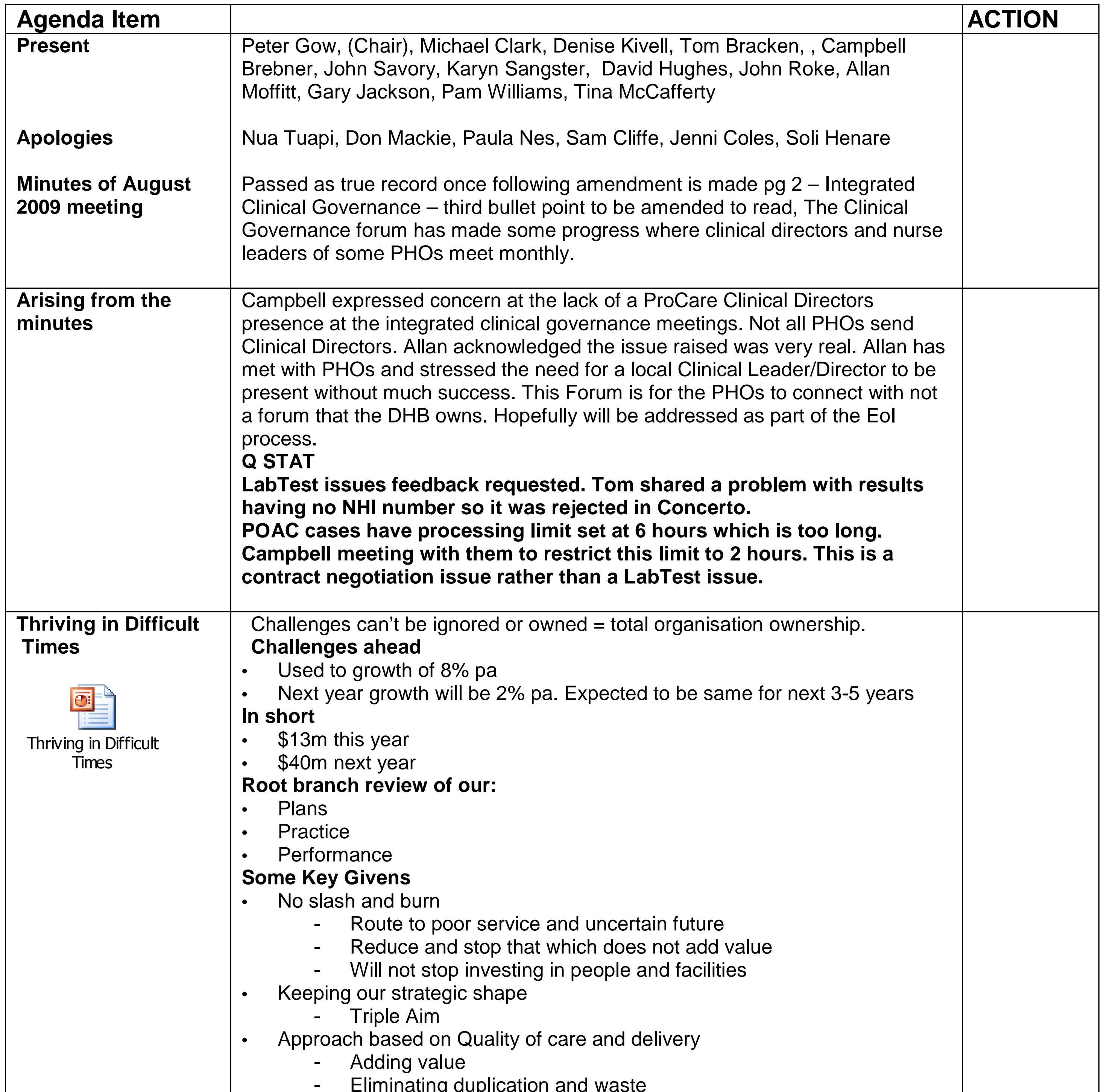
COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership

Clinical Advisory Group (CAG)

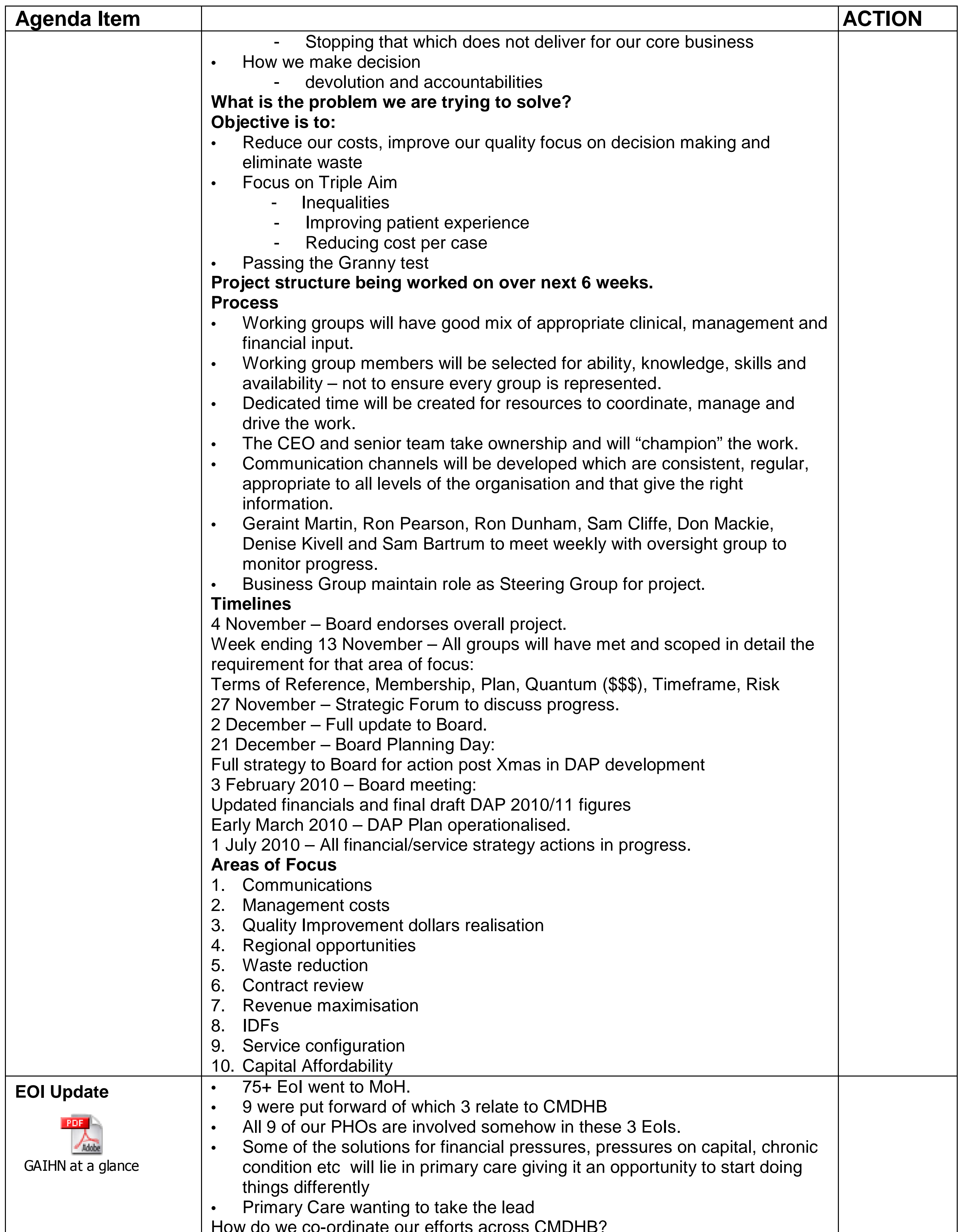
Minutes

Of the meeting held on Wednesday, 18th November 2009, Meeting Rooms 1&2, 19 Lambie Drive at 1800 - 1930 hrs



Agenda Item		ACTION
Present **Apologies** **Minutes of August 2009 meeting**	Peter Gow, (Chair), Michael Clark, Denise Kivell, Tom Bracken, , Campbell Brebner, John Savory, Karyn Sangster, David Hughes, John Roke, Allan Moffitt, Gary Jackson, Pam Williams, Tina McCafferty Nua Tuapi, Don Mackie, Paula Nes, Sam Cliffe, Jenni Coles, Soli Henare Passed as true record once following amendment is made pg 2 – Integrated Clinical Governance – third bullet point to be amended to read, The Clinical Governance forum has made some progress where clinical directors and nurse leaders of some PHOs meet monthly.	
Arising from the minutes	Campbell expressed concern at the lack of a ProCare Clinical Directors presence at the integrated clinical governance meetings. Not all PHOs send Clinical Directors. Allan acknowledged the issue raised was very real. Allan has met with PHOs and stressed the need for a local Clinical Leader/Director to be present without much success. This Forum is for the PHOs to connect with not a forum that the DHB owns. Hopefully will be addressed as part of the EoI process. **Q STAT** **LabTest issues feedback requested. Tom shared a problem with results having no NHI number so it was rejected in Concerto.** **POAC cases have processing limit set at 6 hours which is too long. Campbell meeting with them to restrict this limit to 2 hours. This is a contract negotiation issue rather than a LabTest issue.**	

Thriving in Difficult Times
 	
Thriving in Difficult Times
	Challenges can't be ignored or owned = total organisation ownership.
	Challenges ahead
	• Used to growth of 8% pa
	• Next year growth will be 2% pa. Expected to be same for next 3-5 years
	In short
	• $13m this year
	• $40m next year
	Root branch review of our:
	• Plans
	• Practice
	• Performance
	Some Key Givens
	• No slash and burn
	    - Route to poor service and uncertain future
	    - Reduce and stop that which does not add value
	    - Will not stop investing in people and facilities
	• Keeping our strategic shape
	    - Triple Aim
	• Approach based on Quality of care and delivery
	    - Adding value
	    - Eliminating duplication and waste	



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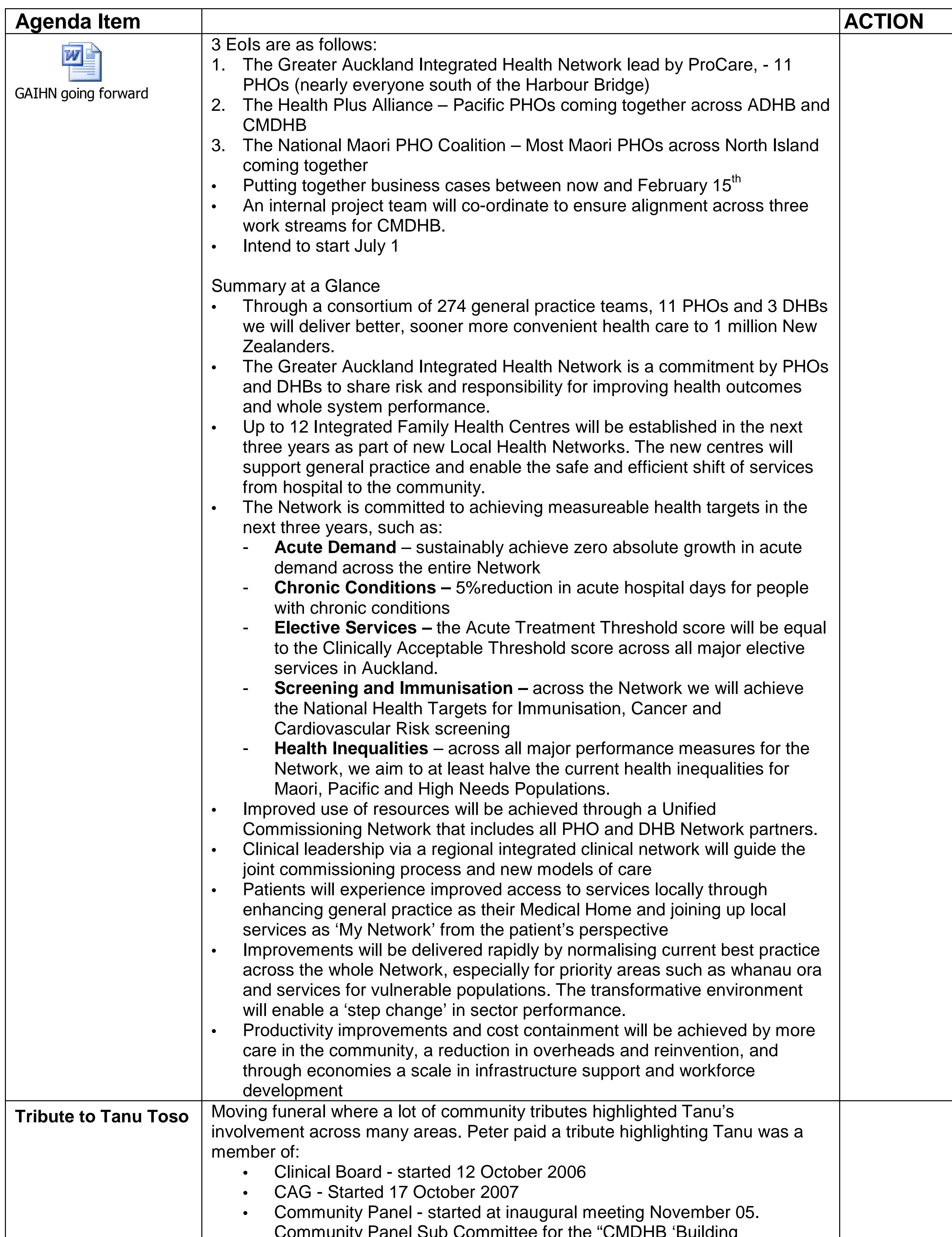
	- Stopping that which does not deliver for our core business • How we make decision - devolution and accountabilities **What is the problem we are trying to solve?** **Objective is to:** • Reduce our costs, improve our quality focus on decision making and eliminate waste • Focus on Triple Aim - Inequalities - Improving patient experience - Reducing cost per case • Passing the Granny test **Project structure being worked on over next 6 weeks.** **Process** • Working groups will have good mix of appropriate clinical, management and financial input. • Working group members will be selected for ability, knowledge, skills and availability – not to ensure every group is represented. • Dedicated time will be created for resources to coordinate, manage and drive the work. • The CEO and senior team take ownership and will "champion" the work. • Communication channels will be developed which are consistent, regular, appropriate to all levels of the organisation and that give the right information. • Geraint Martin, Ron Pearson, Ron Dunham, Sam Cliffe, Don Mackie, Denise Kivell and Sam Bartrum to meet weekly with oversight group to monitor progress. • Business Group maintain role as Steering Group for project. **Timelines** 4 November – Board endorses overall project. Week ending 13 November – All groups will have met and scoped in detail the requirement for that area of focus: Terms of Reference, Membership, Plan, Quantum ($$$), Timeframe, Risk 27 November – Strategic Forum to discuss progress. 2 December – Full update to Board. 21 December – Board Planning Day: Full strategy to Board for action post Xmas in DAP development 3 February 2010 – Board meeting: Updated financials and final draft DAP 2010/11 figures Early March 2010 – DAP Plan operationalised. 1 July 2010 – All financial/service strategy actions in progress. **Areas of Focus** 1. Communications 2. Management costs 3. Quality Improvement dollars realisation 4. Regional opportunities 5. Waste reduction 6. Contract review 7. Revenue maximisation 8. IDFs 9. Service configuration 10. Capital Affordability	
EOI Update GAIHN at a glance	• 75+ EoI went to MoH. • 9 were put forward of which 3 relate to CMDHB • All 9 of our PHOs are involved somehow in these 3 EoIs. • Some of the solutions for financial pressures, pressures on capital, chronic condition etc will lie in primary care giving it an opportunity to start doing things differently • Primary Care wanting to take the lead How do we co-ordinate our efforts across CMDHB?	



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GAIHN going forward	3 EoIs are as follows: 1. The Greater Auckland Integrated Health Network lead by ProCare, - 11 PHOs (nearly everyone south of the Harbour Bridge) 2. The Health Plus Alliance – Pacific PHOs coming together across ADHB and CMDHB 3. The National Maori PHO Coalition – Most Maori PHOs across North Island coming together • Putting together business cases between now and February 15th • An internal project team will co-ordinate to ensure alignment across three work streams for CMDHB. • Intend to start July 1 Summary at a Glance • Through a consortium of 274 general practice teams, 11 PHOs and 3 DHBs we will deliver better, sooner more convenient health care to 1 million New Zealanders. • The Greater Auckland Integrated Health Network is a commitment by PHOs and DHBs to share risk and responsibility for improving health outcomes and whole system performance. • Up to 12 Integrated Family Health Centres will be established in the next three years as part of new Local Health Networks. The new centres will support general practice and enable the safe and efficient shift of services from hospital to the community. • The Network is committed to achieving measureable health targets in the next three years, such as: - **Acute Demand** – sustainably achieve zero absolute growth in acute demand across the entire Network - **Chronic Conditions –** 5%reduction in acute hospital days for people with chronic conditions - **Elective Services –** the Acute Treatment Threshold score will be equal to the Clinically Acceptable Threshold score across all major elective services in Auckland. - **Screening and Immunisation –** across the Network we will achieve the National Health Targets for Immunisation, Cancer and Cardiovascular Risk screening - **Health Inequalities** – across all major performance measures for the Network, we aim to at least halve the current health inequalities for Maori, Pacific and High Needs Populations. • Improved use of resources will be achieved through a Unified Commissioning Network that includes all PHO and DHB Network partners. • Clinical leadership via a regional integrated clinical network will guide the joint commissioning process and new models of care • Patients will experience improved access to services locally through enhancing general practice as their Medical Home and joining up local services as 'My Network' from the patient's perspective • Improvements will be delivered rapidly by normalising current best practice across the whole Network, especially for priority areas such as whanau ora and services for vulnerable populations. The transformative environment will enable a 'step change' in sector performance. • Productivity improvements and cost containment will be achieved by more care in the community, a reduction in overheads and reinvention, and through economies a scale in infrastructure support and workforce development	
Tribute to Tanu Toso	Moving funeral where a lot of community tributes highlighted Tanu's involvement across many areas. Peter paid a tribute highlighting Tanu was a member of: • Clinical Board - started 12 October 2006 • CAG - Started 17 October 2007 • Community Panel - started at inaugural meeting November 05. Community Panel Sub Committee for the "CMDHB 'Building	

Agenda Item		ACTION
	Tomorrow's Health Services' Conference" • CCM Evaluation Steering Group Sub-Groups • Tobacco Advisory Group • Visitor's Policy • Entrance Review A theme that came through in the tributes was Tanu's leadership style, having an expectation that this was the right thing to do and then cajole people to do that. When things didn't work out as Tanu would have liked he forgave and moved on. Tanu's wife Jenny said if there was one legacy to be left behind it was the need to come together with people and groups talking and working with each other preventing doubling up and wasting of monies. Tanu was a connector of groups and people. Tanu was adamant that there were no discharges but a transfer of care. Tanu's contribution to CAG was acknowledged and his presence and input is already being missed.	
Standing Agenda Items **Community Panel - Soli Hanare**	**As per Summary of Minutes attached to agenda. No one present to talk to this.**	
Next Meeting:	**December 16th 2009 ♦ 1800 - 1930 hours** **♦In Meeting Rooms 1& 2 ♦ Counties Manukau DHB, 19 Lambie Drive, Manukau**	